

FEDERAL BUREAU OF INVESTIGATION

BIOTERRORISM PREPAREDNESS ACT: ENTITY / INDIVIDUAL INFORMATION

Section I: Entity Information (General)

1. Legal Name of Entity:

2. Address: (Not a post office box) Street

City

County

State

Zip Code

3. Type of Entity:

☐ Academic

☐ Government

☐ Commercial (Must complete Section II)

☐ Private (Must complete Section II)

☐ Other (Explain) _____ (Must complete Section II)

Section II: Commercial, Private or other entity information

4. Federal Income Tax Employee Identification Number: _____
If none, explain: _____

5. Corporate Officers/Entity Leadership:

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

6. Board of Directors (If applicable):

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

7. Principal Stockholders (If applicable - Principal Stockholders are individuals holding greater than 50% of share holdings)

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

Section III: Individual Information

8. Full Name (Last, First, Middle)		9. Date of Birth (Month, Date, Year)	10. SSAN
11. Residence Address: (No., Street, City, County, State, Zip Code)			12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Place of Birth (City) State or Foreign Country:		14. Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native	
15. Country or Citizenship:	If not a US citizen, Alien Number or Admission Number and Status: 		
16. Entity:	17. Identifier Number (Supplied by Entity): 		
18. Certifications (Must be answered Yes or No in the box provided)			
<p>*Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact is a felony that may result in fines or imprisonment for not more than 5 years or both.</p>			
Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a fugitive from justice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an unlawful user of any controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802])? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been adjudicated as a mental defective or been committed to any mental institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an alien illegally or unlawfully in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an alien who has been lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been discharged from the Armed Services of the United States under dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the above answers are true and correct. I understand that the making of a false oral or written statement is a crime.			
Signature:			Date:

INSTRUCTIONS

Section 1: All entities must complete Section 1.

Definition of Entity: Entity for purposes of this collection means any government agency (Federal, State, or local), university, corporation, company, partnership, association, firm, sole proprietorship, or other legal entity, including an individual acting on his or her own.

Section 2: Commercial, Private or Other Entities must complete Section 2.

Definition of Commercial, Private, or Other Entity: Entities that checked Commercial, Private, or Other in Section 1, Type of Entity block, of the Application for Laboratory Registration for Possession, Use, and Transfer of Select Biological Agents and Toxins must complete Section 2.

Section 3: Responsible Officials, Alternate Responsible Officials, and persons who are authorized to have access to select agents in the entity are to individually complete Section 3.

Section 4: Responsible Officials, Alternate Responsible Officials, and persons who are authorized to have access to select agents in the entity are to individually complete Section 4.

PRIVACY ACT STATEMENT

Authority:

Collection of this information is authorized under Public Law 107-188; 18 U.S.C. § 175b; 28 U.S.C. § 534; 28 CFR § 0.85; 7 CFR Part 331; 9 CFR Part 121; 42 CFR Part 73.

Principal Purpose and Routine Uses

The information collected on this form will be used for the principal purpose of conducting security risk assessments for entities that possess, receive, use and/or transfer select biological agents and toxins, individuals who own or control an entity, individuals authorized to have access to select biological agents or toxins, and responsible officers. As part of this assessment, the collected data may also be used to assist in determining approval, denial, revocation or renewal of a certificate of registration issued by Department of Health and Human Services (HHS) or U.S. Department of Agriculture (USDA) for possession, use and transfer of select biological agents and toxins.

Additionally, information provided in all or part of this completed form may be disclosed to Department of Justice personnel who need the information in the performance of their duties and outside the Department of Justice to HHS and/or USDA for the purpose of making security risk assessments and other determinations relating to individuals, entities and responsible officers that have access to or possess, use, receive and/or transfer select biological agents and toxins; to federal, state, local, joint, tribal, foreign or international entities charged with the responsibility of investigating, prosecuting, and/or enforcing laws, regulations, rules, orders or contracts if any part of the information received, either on its face or in conjunction with other information, indicates a violation or potential violation of law, regulation, rule, order, or contract; to any law enforcement or intelligence authority or other federal, state or local entity with relevant jurisdiction where such information reveals a risk to human, animal and/or plant health or national security; to organizations or individuals, both public and private, if deemed necessary, in the sole discretion of the U.S. Department of Justice, to elicit information or cooperation from the recipient for use in assessing suitability to access, possess, use, receive or transfer select biological agents and toxins; and pursuant to the routine uses most recently published in the Federal Register for the FBI's Central Records System (Justice/FBI-002) and the FBI's Blanket Routine Uses (Justice/FBI-BRU).

Social Security Account Number

Your Social Security Account Number (SSAN) is requested under Public Law 107-188, 7 CFR Part 331, 9 CFR Part 121 and 42 CFR Part 73, which authorize the Attorney General to collect names and other identifying information in the security risk assessment process and to check criminal, immigration, national security and other electronic databases. Because other people may have the same name and birth date, your SSAN will be used to facilitate accurate identification and to help eliminate the possibility of misidentification of individuals for whom a security risk assessment or database check is being conducted.

Effects of Nondisclosure

Completion of this form and provision of your SSAN is voluntary. However, failure to provide the requested information may result in a finding that you may not have access to a select biological agent or toxin because of an incomplete application or an unapproved security risk assessment.

PAPERWORK REDUCTION ACT NOTICE

The information required on this form is in accordance with the Paper Work Reduction Act of 1995. The purpose of this information is to assist the FBI in national security risk assessments for entities and individuals having access to selected toxins as required by the Public Health Security and Bioterrorism Preparedness Response Act of 2002.

The estimated average burden associated with this collection of information is 30 minutes, depending on circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Federal Bureau of Investigation, Records/Information Dissemination Section, 935 Pennsylvania Ave., N.W., Washington, DC 90535.

Section IV:**Consent**

By signing this form, I hereby authorize the U.S. Department of Justice to obtain any information relevant to assessing my suitability to access, possess, use, receive or transfer select biological agents and toxins from any relevant source, including, but not limited to, individuals, public sources, and government sources. This information may include, but is not limited to, biographical, financial, law enforcement and intelligence information.

I further authorize any individuals having information pertinent to such an assessment to release such information to a duly accredited representative of the U.S. Department of Justice. The authorization set forth in this paragraph is valid for five (5) years from the date on which this form is signed.

I further authorize the U.S. Department of Justice to disclose any records, results or information relating to, or obtained in connection with, my security risk assessment to: the U.S. Department of Agriculture; the Department of Health and Human Services; any agency contractors assisting in the determination of risk; and responsible officers or other appropriate personnel of pertinent entities.

I further authorize the release of records, results or information relating to, or obtained in connection with my security risk assessment to any law enforcement or intelligence authority or other federal, state or local entity with relevant jurisdiction where such information reveals a risk to human, animal and/or plant health or national security.

I further authorize disclosure of records results or information relating to, or obtained in connection with my security risk assessment to organizations or individuals, both public and private, if deemed necessary, in the sole discretion of the U.S. Department of Justice, to elicit information or cooperation from the recipient for use in assessing my suitability to access, possess, use, receive or transfer select biological agents and toxins.

I further authorize release of records, results or information relating to, or obtained in connection with my security risk assessment to laboratories, universities, individuals, or other entities, both public and private, responsible for making security assessments, employment and/or licensing determinations and suitability or security decisions when the information is relevant to an assessment of my suitability to access, possess, receive, use, or transfer biological agents or toxins

I understand that this is a legally binding document and false statements provided by me are violations of federal law and may lead to criminal prosecution or other legal action.

PRINTED NAME

DATE

SIGNATURE